# RGIN RESERVED FOR BINDING

3

# CERTIFICATE OF DEATH

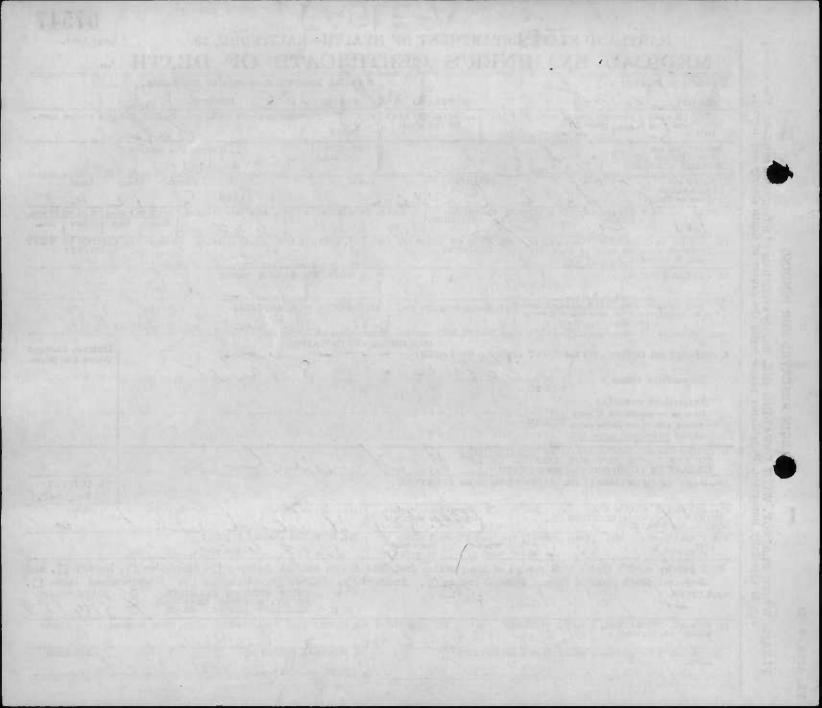
Reg. Dist. No. 51

1. PLACE OF DEAT	TH•		2. USUAL RESIDENCE	(HOME) OF DECEASED.	
COUNTY	0 1-	MARYLAND	STATE	ruland col	NTY
CITY (If outside	corporate limits, write RUR.		CITY (If outside corpo	rate limits, write RURAL an	d give nearest town)
OR give neares		(in this place)	OR TOWN	. ett	X
HOSPITAL OR	Ouver	- '	STREET	(If rural, give locatio	n) /
INSTITUTION O	OR ESS		ADDRESS		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	(Philomor		Brocks.	DEATH 8	- 26, 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE iast birthday If u Moi	nder. I year   If under 24 hrs. https://doi.org/10.1001/10.100
W. USUAL OCCU	PATION (Give kind of work	(Specify)  10b. Kind of Business on	11. BIRTHPLACE (State		1 12. CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY	maryle	reed.	COUNTRY?
13. FATHER'S NA	ME : O	1	14. MOTHER'S MAIDE		
	Teler &	vooks	Joanne	Wallace.	
15. WAS DECEASED (Yes, no, or unknown	EVER IN U.S. ARMED FORCES (If year, give war or dates service)	7 16. SOCIAL SECURITY NO. 01 919-01-9207	Mrs. Thilmore	Diviki Clivett.	Tad-
			apr , , , , , , , , , , , , , , , , , ,		INTERVAL BETWEEN
I DISPASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION		ONSET AND DEATH
	CONDITIONS DIRECTEI	0 1 1	10 111	refert (Novel	- dre-
443X	ite cause (a)	ereliser vas	were we	each para	20010
		/ ~	. ~	11	
Antecede	ent cause(s)	X/ mareles	cause (	11 /100	10
giving rise	r conditions, if any, (b) to the above cause underlying cause last	Nyjuun		· owner	
Conditions contri	FICANT CONDITIONS buting to the death but not ease or condition causing dea	th.			
19a. DATE OF OP		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes   No
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUN	NTY) (STATE)
HOMICIDE TIME (Month	INJ   (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF (Month	(Day) (Teal) (Houl)	While at Not While	1.011 2.22 2.10 2.10		
INJURY	m.	Work At work			
22. I hereby cer	rtify that I attended th	e deceased from	, 19.5 5 to 8/2	5, 19.53., that I la	ast saw the deceased
alive on		nd that death occurred at	ADDRESS from the	ne causes and on the day	te stated above. DATE SIGNED
(/-	TOOK	520	1 dessi	al fluille	6/4
23 BURIAL CRE REMOVAL (Sp	MATION POATE Decify) 8-29-	NAME OF CEMETE	Charle Charles	LOCATION (City, town, or	county) (State)
DATE REC'D BY	610	1 ( ( ) )	24. FUNERAL DIRECT	TOR O	ADDRESS
REG. 8	h / /	11/11/2 1 "	P7 Souve	Oc. Thence Jac	ed, med

DECEIVED

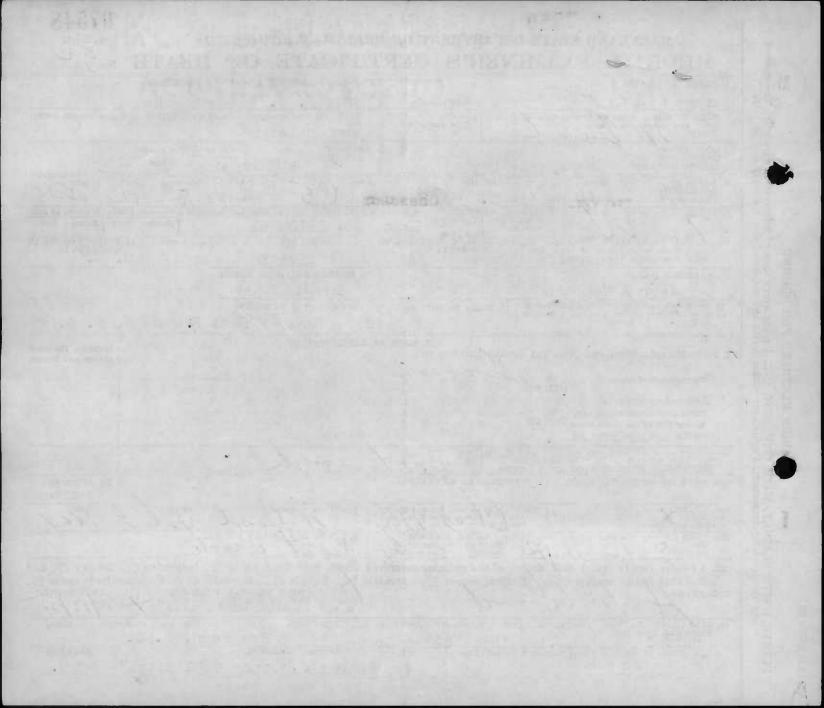
BUREAU V. S.

Frans 9-11-13-14-23. film 6155-8/25/556	07547
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No
1. PLACE OF DEATH: / 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY County (United MARYLAND STATE COUNTY (United Maryland STATE ME COUNTY (United Maryland	21)
CITY (If outside corporate limits write RURAL OR and rive learnest town)  CITY (If outside corporate limits write RURAL OR OR TOWN  CITY (If outside corporate limits write RURAL OR TOWN	hd give nearest town)
HOSPITAL OR INSTITUTION OR C LACE BOY BOY ADDRESS 2403 (If raral, give location ADDRESS 2403 (Included on STREET ADDRESS)	Drive V
3. NAME OF DECEASED: (Middle (Last) 4. DATE (Month) (DECEASED: OF DEATH DEATH	(Year) 2 195)
5. SEX: 6. COLDR OR 7. SINGLY, MARRIED, S. DATE OF BIRTH: 9. AGE last birthdey: IF UNDER I WIDOWSKE DIVORCED, (Specify: NAV. 15, 1913 41 42 yrs. Months	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of work life, even if retlred):    Doctor	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Clyde L. Chesson 14. MOTHER'S MAIDEN NAME: Eggle	Toms
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unb.) (If Yes, give war or dates of service) W W 2 Whenever Willes Turkyl Home Per	wh.C.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  9348 Immediate cause (a) DUE TO	INTERVAL BRIWEEN ONSET AND DRATH
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO  stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes   No
21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF STREET	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work at work 21f. How DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy   , Inspection   find that death resulted from: Natural causes   , Accident   , Suicide   , Homicide   , Undet   , Suicide   , Homicide   , Undet   , CHIEF MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   , ASSISTANT MEDICAL EXAMINER   , ASSISTANT MEDICAL EXAM.	
23. BURIAI, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or REMOVAL) (Specify): 8/15/65 COLOR DOOR DELICATION (City, town, or DATE RECT) BY LOCAL   REGISTRAR'S SIGNATURE 24) FUNERAL DIRECTOR	(State)
REG. Hold Hold Hold Hold Hold Hold Hold Hold	Agus .



VS. A15A - 5 - 53

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MARYLAN	ID STATE DEPARTMEN	T OF HEALTH—BALTIMO	RE, 18 Reg. Dist.
MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH No.
I. PLACE OF DEATH:	1-	2. USUAL RESIDENCE (HOM	IE) OF DECEASED:
COUNTY Colum	MARYL	AND STATE N. C.	county Wake
OR and give pearest TOWN	limits, write BURAL LENGTH	OF STAY CITY (If outside corporate OR TOWN Raleigh	e limits write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (	Chesapeake Bay	STREET ADDRESS 2403 An	(If rural, give location) derson Drive
DECEASED:	First) (Middle) Bertie C.	Chesso B. C5 4. DA. OF DE.	TE (Month) (Day) (Year)
5. SEX: 6. COLOR RACE.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Markied	Sept. 24, 1913 41	ast birthday: IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months Days Hours   Min.
10a. OSUAL OCCUPATION work done during moseven if retired): HO	t of work life, INDUSTRY:	SINESS OR 11. BIRTHFLACE (State Louisiana	or foreign country):   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NA	
George C		Birdie Todd	
15. Was Deceased Ever In 1 (Yes, no, or unk.) (If Yes, g NO service)	U.S. ARMED FORCES? 16. SOCIAL SECUR		e ome New Bern, N. C.
		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITION	(a)	rh:	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s	4.5		
Diseases or conditions, is giving rise to the above stating underlying cau	e cause DUE TO		
TO THE DEATH BUT	CONDITIONS CONTRIBUTING TO NOT RELATED TO THE ON CAUSING DEATH.	rat week	
19a. DATE OF OPERATIO	N: 19b. MAJOR FINDING OF OPE	RATION:	20. AUTOPSY? Yes \sum No \sum
21a. EXTERNAL CAUSE W PRIMARY 2 or CONTRIB CAUSE OF DEATH.	UTING   21b. PLACE frome, far	rm, fectory, 21c (City or town)	l (Court) (State)
21d. TIME (Month) (Day) OF INJURY	45 47M. While at work	to work of Boat us	rech
			sy [], Inspection [], Inquiry [], and
find that death res			
SIGNATURE	ulted from: Natural causes [	CHIEF MEDIC	AL EXAMINER DATE SIGNED CAL EXAMINER EDICAL EXAMINER
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF NAME OF	M. D. ASSISTANT M  CEMETERY OR CREMATORY   LOCA	AL EXAMINER DATE SIGNED CAL EXAMINER EDICAL EXAM.  ATION (City, town, or county) (State)
SIGNATURE  23. BURIAL, CREMATION.	DATE THEREOF NAME OF AUG. 18. 1955 Ce	CHIEF MEDIC DEPUTY MEDIC M. D. ASSISTANT M. CEMETERY OR CREMATORY LOCAL	AL EXAMINER CAL EXAMINER EDICAL EXAM.  ATION (City, town, or county) (State)  Bern, N. C.  ADDRESS



. 7551		07549
MARYLAND STATE DEPARTMENT OF		Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. J
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	Telaul)
COUNTY MARYLAND	STATE YOU YOU KCOUNTY ( LC MY	T 21 & H a
OR and gite heares fown)  TOWN  CITY (If of side corporate limits, write RURAL (In this place)	CITY (If outside corporate limits write RURAL and OR TOWN C PET // CC	( ) ( )
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS HHH (If rural, give location)	Rd. 1
3. NAME OF DECEASED: (Middle) (Middle) (Type or Print)	(Last) C 6   4. DATE (Month) (Day OF DEATH /2	(Year)
6. COLOR OR 7. SINGLE, MARRIED; 8. DAT. WIDOWED, DIVORCED, (Specify): 7. SPECIFICATION OF THE PROPERTY OF THE	20-1907 47 yrs. Months D	TEAR   IF UNDER 24 HRS.  AyB   Hours   Min.
10a. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS O rock done during most of work life, Retail to receive it fetired):	R 11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN-NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 1 16 SOCIAL SECURITY NO. 1	INTERPRETATION AND PROCESSION AND PR	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Frances Semon (Sister)	2
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) DUE TO		
Antecedent cause(s)		
giving rise to the above cause DUE TO		
stating underlying cause last		
(c)	, ,	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	turech	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes 🗆 No 🗀
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS 1 21b. PLACE (Home, farm, 4 farm)		Yes 🗆 No 🗆
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF OPERATION:  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.  21d. TIME (Month) (Day) (Year) (Hour) OF the street of the periodic bulg, etc.	21c. (City or town)  21c. How DID INJURY OCCUR?  bed above, held an Autopsy , Inspection	Yes No Company No Company (State), Inquiry Company, and
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY 1 or CONTRIBUTING OF OPERATION:  21d. TIME (Month) (Day) (Year) (Hour) OF the total of the contribution of the contri	bed above, held an Autopsy , Inspection dent Suicide , Homicide , Undeter CHIEF MEDICAL EXAMINER	Yes No (State)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY M. or CONTRIBUTING OF OF Speed office body, etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY  22. I hereby certify that I took charge of the remains descrifing that leath resulted from: Natural causes OF SIGNATURE  23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	bed above, held an Autopsy , Inspection dent Suicide , Homicide , Undeter DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Yes   No   (State)   (State)   (Inquiry   , and rmined cause   . (DATE SIGNED   . (State)   . (State)   (S
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF OPERATION:  21d. TIME (Month) (Day) (Year) (Hour) OF OPERATION:  21d. TIME (Month) (Day) (Year) (Hour) OF OPERATION:  21d. TIME (Month) (Day) (Year) (Hour) OPERATION:  21d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF OPERATION:  21d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION:  21d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION:  21d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION:  21d. TIME (Month) (Day) (Year) (Hour) OF (MONTH OF CONTRIBUTION:  21d. TIME (Month) (Day) (Year) (Hour) OF (MONTH OF CONTRIBUTION:  21d. TIME (MONTH) (DAY) (Year) (Hour) OF (MONTH OF CONTRIBUTION:  21d. TIME (MONTH) (DAY) (Year) (HOUR) OF (MONTH OF CONTRIBUTION:  21d. TIME (MONTH) (DAY) (Year) (HOUR) OF (MONTH OF CONTRIBUTION:  21d. TIME (MONTH) (DAY) (Year) (HOUR) OF (MONTH OF CONTRIBUTION:  21d. TIME (MONTH OF CONTRIBUTION:  21d. TIME (MONTH) (DAY) (Year) (HOUR) OF (MONTH OF CONTRIBUTION:  21d. TIME (MONTH) (DAY) (Year) (HOUR) OF (MONTH OF CONTRIBUTION:  21d. TIME (MONTH OF CONTRIBUTION:	bed above, held an Autopsy , Inspection dent Suicide , Homicide , Undeter DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	Yes   No   (State)   (State)   (Inquiry   , and rmined cause   . (DATE SIGNED   . (State)   . (State)

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	Reg.	Dist.
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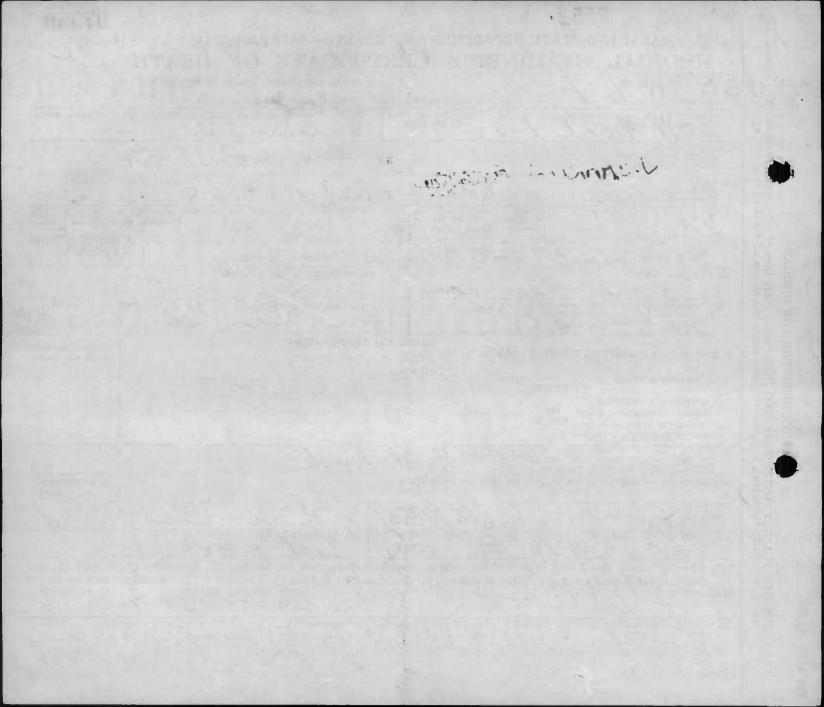
MEDICAL EXAMINER'S CER	CITITOATE OF DEATH No
I. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Cale of MARYLAND	STATE New Jesses COUNTY
CITY (If tutde corporate limits, write BURAL OR and kive nearest town)  TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bloomfield 67X-3
HOSPITAL OR , INSTITUTION OR STREET ADDRESS	STREET ADDRESS 41 Patton Drive
	(Last) 4. DATE (Month) (Day) (Year) OF DEATH X 12 195)
5. SEX:    6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED   8. DAT   (Specify): Married   8. DAT	est 1893 62 yrs. Months Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WILL COUNTRY? U. S. G
13. FATHER'S NAME: Frank Ferguson	14. NOTHER'S MAIDEN NAME!
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	Forny & Horny, Bloomfield,
18. MEDIC L. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION INTERVAL BETWEE
934X Wrown	Onset and Dear
Immediate cause  DUE TO	
Antecedent eause(s)  Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	week
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No □
21a. EXTERNAL CAUSE WAS PRIMARY S or CONTRIBUTING D CAUSE OF DEATH.  21b. PLACE (Home, farm) factory OF start of George Court, etc.	" n. Dear Calut Med
21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at work Not while at work	211. How DID DIJURY OCCUR?
	ibed above, held an Autopsy [], Inspection [], Inquiry [], a
find that death resulted from Natural eauses [], Acei	ident Suicide □, Homicide □, Undetermined cause [ CHIEF MEDICAL EXAMINER □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
H W Wang	M. D. ASSISTANT MEDICAL EXAMINER
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 8/3/5-5 Mt. Clin	ERY OR COLEMATOR LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
aupust 13 1955 R.W	11 m. Gook Drc., 121) fo. Paul De

VS. A15A - 5 - 53

UNITADING INK Supply every item of information carefully. The cornect Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

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No. ....

(Year)

195

INTERVAL BETWEEN

ONSET AND DEATH

vold en

20. AUTOPSY ? Yes | No

DATE SIGNED

ADDRESS

(State)

(State)

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

LOCATION (City, town, or county)

M. D.

24. EUNERAL DIRECTOR

NAME OF CEMETERY OR CREMATORY

Hours |

COUNTRY?

SIGNATURE

REG.

23. BURIAL, CREMATION,

REMOVAL (Specify) :

DATE REC'D BY LOCAL

DATE THEREOF

REGISTRAR'S SIGNATURE

correct

carefully. The and legibly.

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Supply every item of informativitie the causes of death clea

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UNFADING Physicians:

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AUG 17 1955

Reg.	Dist

MEDICAL	EXAMINER'S	CER'	<b>PIFICATE</b>	OF	DEATH	No. 5
1. PLACE OF DEATH:			2. USUAL RESIDENCE	(HOME)	OF DECEASED:	
COUNTY ( Als	MARYI	LAND	STATE New Yo	rk cor	INTY	
CITY (If outside combined OR and brie nearly to	e limits, write RURAL LENGTH	H OF STAY	CITY (If outside con OR TOWN	porate lim	its write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS HG.	3 2	ruyal, give location)	Ave 1
3. NAME OF DECEASED: (Type or Print)	New (Middle)	Soldsto	ne C4	4. DATE OF DEATH	(Month) (Day	(Year) 195)
5. SEX: 6. COLOR RACE:	WIDOWED DIVORCE	D. 7-	10-1915	GE last l	O yrs.   Months   D	YEAR IF UNDER 24 HRS.  Ays Hours Min.
work done during los even if retired)		USINESS OR	1 New	Yor	oreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME;	Goldston.	e	14. MOTHER'S MAIDE	1	ellman	
(Yes, no, or unk.) (If Yes, gi service)	J.S. ARMED FORCES? 16. SOCIAL SECURIVE war or dates of		7. INFORMANT & ADD	RESS:		
I. DISEASES OR CONDITION  The second of the	ONS DIRECTLY LEADING TO DEA		L CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, i giving rise to the above stating underlying cause	f any, (b) cause DUE TO					
	CONDITIONS CONTRIBUTING NOT RELATED TO THE DON CAUSING DEATH.	rost	wech			
19a. DATE OF OPERATION	N: 19b. MAJOR FINDING OF OPI					20. AUTOPSY? Yes \( \text{No} \( \text{D} \)
21a. EXTERNAL CAUSE W PRIMARY 15.or CONTRIB CAUSE OF DEATH.	UTING OF V COOPER	ice oldk., etc.,	21c. (City or toly)	ark	(Coup)	(State)
21d. TIME (Month) (Day) OF INJURY	(Year) (Hour) 21e. INJURY OCC While at work □	Not white at work	21f. HOW DID IN	W OCCI	rech	
find that death res	at I took charge of the rema ulted from: Natural causes					, Inquiry □, and rmined cause □.
SIGNATURE	Ward		DEPUTY	MEDICAL	EXAMINER EXAMINER AL EXAM.	PATÉ SIGNED
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF NAME OF	f CEMETER	OR CREMATORY	LOCATIO	N (City, town, or co	ounty) (State)
DATE REC'D BY LOCAL	REGISTRAL'S SIGNATURE	/	24. FUNERAL DIREC	TOR	a + Can /h	ADDRESS
		/	THE PART OF THE PARTY OF THE PA	I I A A AAA.	1 1 ( 1/1/2) ( // 1/2)	MARKET STATE OF A TO A

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH age is especially important.

carefully. The correct and legibly.

UNFADING INK Supply every item of information Physicians: please write the causes of death clearly

ARGIN RESERVED FOR BINDING

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VS.

The

23. PORIAL, CHEMATION,

DATE REC'D BY LOCAL

REGISTRAR

DATE THEREOF

MARYLAND STATE DEPARTMENT	of health—baltimore, 18 07553
7555 CERTIFICATE	OF DEATH Reg. Dist. No. 3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY CAlvert MARYLAND	STATE MO COUNTY CAIVEYT
CITY (If outside corporate limits, write RURAL OR afficie corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL and give next st town) OR TOWN  ORTH  Be4CV. X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) /
(Type or Print) Bessie M Go	Last)  4. DATE (Month) (Day) (Year)  OF DEATH: Queg. 2 1955
Temale white Colored MAR	Ch. 29-1881  9. AGE last birthday IF UNDER 14 HRS. Months Days Hours Min.
work done define most of working life, even if July 182 W/K	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. EATHERS NAME: Grey	annie Mopley
(Wes, no, or unk.) (If Yes, give war or dates of service)	17. INDORMAN & ADDRESS: Noth Tooding no Bearly
18. MEDICAL CERTIFICATI	ON INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (A) NICHEL	le Corna
ANTECEDENT CAUSE (S)	P 111 DD
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUF TO	reles medilies
STATING UNDERLYING CAUSE LAST. (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., of (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from MAN.	, 1954, to Culf, 1953 that I last saw the deceased
alive on My 2, 1955, and that death occurred at SIGNATURE	M, from the causes and on the date stated above.

NAME OF CEMETERY OF CREMATORY



SS61 OT 501

1	-	per	-	^
	1	3	5	5

#### CERTIFICATE OF DEATH

Reg. Dist. No.

4333	areg. Dist. 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Cabel MARYLAND	STATE End COUNTY Calret
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)
TOWN Usland Creek (in his place)	TOWN Island Creek X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) /
DECEASED: 920 - 1 - 31	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Que . // 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	OF BIRTH: 9. AGE last birthday IF GOER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if relived);	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Peteber	Yinginia Horania
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, so, or unk.) (If Yes, give war or dates of service)	Thomas E. Horsman - Cruek Lend
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A)	a cornary umbres
ANTECEDENT CAUSE (S)	Sudden deut !
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
(c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:   19b. MAJOR FINDINGS OF OPERATION	N CONTRACTOR OF THE CONTRACTOR
	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING   CR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED While   Not while   at work   at work	- P/
22. I hereby certify that I attended the deceased from 8/4	, 19, to , 19, that I last saw the deceased
SIGNATURE	M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
M	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
Bureal aug. 14 1955 aching	Cemetery Baretow Calretto, und.
DATE REC'D BY LOCAL   REDISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

N. W. Ward Q. Q. Transeners + Sow-mutual, med.

IARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

S. A15 -- 10 - 53

PLEASE TYPE OR

PECEIVE

BUREAU V. S.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF 1	HEALTH DALTHADE 10	07555
	THE THE PROPERTY	Reg. Dist.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0 1
COUNTY CECVER MARYLAND	STATE COUNTY ( )	and a
CITY (If outside obroorate limits, write RURAL . LENGTH OF STAY (in this place)	CITY (If outsig torporate limits write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	1
3. NAME OF DECEASED: (Type or Print) (Middie)	Last) 4. DATE (Month) (Day) OF DEATH 22	(Year) 1933
5. SEX: 6. COLOR OR RACE: 7. SINGLE MARINED, S. DATE WIDOWLD, DIVORCED S. DATE (Specify:	0 / 1884 b / yrs. Months Day	Hours   Min.
10a. USUAL OCCUPATION (Give kind of work dope during most of work life, ever it refired to the control of work life, ever it refired to the control of the c		CITIZEN OF WHAT COUNTRY?
13. FATTHER'S NAME: Johnson	14. MOTHER'S MATTEN TAME: Hollen	B
15. WAS DECEASED EVER IN U.S. REMED FORCES? (Yes, no, or unk.) (If Yes, give, war or dates of service)	17. INFORMANT & ADDRESS:	00
18. MEDICA	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  33/X°  Immediate cause  (a)	ioris	ONDET AND DEATH
Antecedent cause(s)	Kemorlyo	2 hs
giving rise to the above cause DUE TO		***************************************
stating underlying cause last (c)		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \( \subseteq No \( \subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF street, office bldg., etc. CAUSE OF DEATH.	actor 1	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. IDJURT OCCURRED While at work ☐ at work ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from Natural causes Accies		
23/BURIAL CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	<u> </u>	nty) (State) , md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	Souct h

AUG 26 1955

OF ALEUNED

UNFADING INK Supply every item of information Physicians: please write the causes of death clearly RGIN RESERVED FOR BINDING LAINLY, WITH

RITE Pl	22. I here find the SIGNATURE
PLEASE W	23. BURIAL PEMOVE DATE REG.

MEDICAL EXAMINÉR'S CER	RTIFICATE OF DEATH No. 5
I. PLACE OF DIATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY COUNTY MARYLAND	STATE M.V. COUNTY
OR and compared fown) TOWN  CITY (1f outside correction) te limits, wate RURAL (in this place)	CITY (If outlide corporate limits write BURAL and give nearest town) OR TOWN Jones Cland.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS 287 Washington Place
3. NAME OF DECEASED: (First) (Middle) (Type or Print) (Ayra)	(Last) 7   4. DATE (Month) (Day) (Year) OF DEATH (DEATH 1955)
5. SEX:  6. COLOR OF RAGE:  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	1896  9. AGE last birthday: IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life, even if retired) TRUANT OFFICER SCHOOL	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Morris Kirsner	Minnie (unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  WW. —	17. INFORMANT & ADDRESS:  Man 4 Rose Libel E. Raham MV
	CAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
934X Moun	
Immediate cause (a) DUE TO	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	/
stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	t week
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	<sup>4</sup>   20. AUTOPSY? Yes □ No □
PRIMARY Or CONTRIBUTING OF Super office log., etc.	y, 21c (City or took) earl (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not white injury of the state work in the state of the	211. HOW DID INJURY OCCUR?
	ibed above, held an Autopsy [], Inspection [], Inquiry [], and
find that death resulted from Natural causes , Acci	ident Suicide ☐, Homicide ☐, Undetermined cause ☐.  CHIEF MEDICAL EXAMINER ☐ DATE SIGNED
A W Ward	M. D. ASSISTANT MEDICAL EXAMINER 8/12/3
23. BUBIAL CREMATION, DATE THEREOF NAME OF CEMETE COMMOVAL (Specify: Chapter 1955)	ERY OR CREMATORY LOGATION (City, town, or country) (State)
DATE REC'D BY LOCAL REDISTRAR'S SIGNATURE REG.	24. UNERAL DIRECTOR B. ADDRESS
AUG 14 1955 Mig. Elsie 19 Copy	1124-26 W. north are

9361 21 5NV

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg.	A	ist	.6

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
MINITERIA		CHILITOATI	UI	LUIVA III

	THE TOTAL OF DESIGNATION	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	4
COUNTY Calvert MARYLAND	STATE MY COUNTY ( Went	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this piace)	CITY (If outside corponate limits write) RURAL and give	nearest town)
TOWN Dead	TOWN M. Black	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	/
3. NAME OF (Middle) DECEASED: (Middle)	OF OF	(Year)
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	DEATH  OF GIRTH:   9. AGE last hirthday;   IF UNDER I YEAR   1	19 9 HE UNDER 24 HRS.
RAGE: WIDOWED, DIVORCED, (Specify):	474.1889 66 yrs. Months Days	Hours   Min.
10a. USUAL OCCUPATION (Give kind of work do de during most of work life, even if feither the state of work life, even if feither the work life, even if fei	The second secon	ZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 6. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	William & Lucky 8028	Hour Reess
Is. MEDICA	AL CERTIFICATION RIVER	TT day
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	O A CONT	SET AND DEATH
4201 Cronger	limbolismo	Mel
Immediate cause (a)		ــــــــــــــــــــــــــــــــــــــ
Antecedent cause(s)		
Diseases or conditions, if any, (h)		*******
stating underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	100-10	
DISEASE OR CONDITION CAUSING DEATH.	of dead in his	
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:	20.	AUTOPSY?
		Yes 🗆 No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office hldg., etc., INJURY	21c. (City or town) west (sounty)	(State)
		Me
21d. TIME (Momh) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury.	How DID INJURY OCCUR	mp_
OF While at Not while	How did injury occurs in hel	mp
OF INJURY 25 1/4/M. Work □ at work 22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accident	ed above, held an Autopsy , Inspection , Inquestion , Suicide , Homicide , Undetermine	uiry [], and
OF INJURY 5 1/40M. While at work at work 22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy , Inspection , Inquestion , Suicide , Homicide , Undetermine	uiry [], and
OF INJURY 25 1/4/M. Work □ at work 22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accident	ed above, held an Autopsy □, Inspection □, Inquent □, Suicide □, Homicide □, Undetermine  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	uiry [], and
OF INJURY.  22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accided SIGNATURE  23. BUSIAL, CREMATION, DATE THEREOF   NAME OF CEMETER	ded above, held an Autopsy □, Inspection □, Inquestion □, Suicide □, Homicide □, Undetermine  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	uiry   , and ed cause   .
OF INJURY  22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes Accided SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify):	ded above, held an Autopsy   , Inspection   , Inquestion   , Inquestion   , Undetermine   , Examiner   , Deputy Medical Examiner   , Deputy Me	uiry   , and ed cause   . ATE SIGNED
22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes Accided SIGNATURE  23. BUBIAL, CREMATION, DATE THEREOF NAME OF CEMETER BEMOVAL (Specify):  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ded above, held an Autopsy   , Inspection   , Inquestion   , Inquestion   , Undetermine   , Examiner   , Deputy Medical Examiner   , Deputy Me	uiry   , and ed cause   . ATE SIGNED

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of informatiby age is especially important. Physicians: please write the causes of death clearly

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SECEIVED AUG 29 1955

BUREAU V. 2.

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MARYLAND STATE DEPA	RTMENT OF	HEALTH-BA	LTIMORE,	18	Reg	. Dist.	8
MEDICAL EXAMINE	R'S CER	TIFICATI	E OF	DEATH	I No.	51	
I. PLACE OF DEATH:		2. USUAL RESIDE					
COUNTY Calvert	MARYLAND		rginiacou				
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Prince Frederick	(in this place) days	OR TOWN A]	e corporate limit .exandria	write RURAL	and give	nearest	town)
HOSPITAL OR INSTITUTION OR Ealvert County H	ospital	STREET ADDRESS 1023 M	(Ur arv Baldw	ural, give locati in Drive	ion)		1
3. NAME OF (First) (M	iddle)	(Last)	4. DATE	(Month)	(Day)	(Year)	
(Type or Print) James F		ler	DEATH	August	3	19 5!	5
6. COLOR OR 7. SINGLE, MA WIDOWED, (Specify): W	DIVORCED,	6. 1928	9. AGE last bin	thday: IF UNDE Months		Hours	Min.
	ND OF BUSINESS OF DUSTRY:	R 11. BIRTHPLAC	ton, D. C		COU	IZEN OF	
13. FATHER'S NAME:		14. MOTHER'S MA			0.	U . I	1 0
Freeman W. Willer		Gertmid	e Rutkows	kri			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)?	CIAL SECURITY No.:	17. INFORMANT & Hosmital R	ADDRESS:				
	18. MEDICA	AL CERTIFICATION	eru us		1		
I. DISEASES OR CONDITIONS DIRECTLY LEADING	g to DEATH: ured Intestin	le	***************************************		ON	TERVAL B	
	itonitia						
Antecedent cause(s) Diseases or conditions, if any, (b)	FOOTTOIS	*************************************	***************************				
giving rise to the above cause DUE TO stating underlying cause last	and and a Missau	1					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	enteric Throm	DOSIS					
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH	THE Auto Ac	cident	***********	***************************************			
19a. DATE OF OPERATION: 19b. MAJOR FINDING	G OF OPERATION:				20.	AUTOR Yes [	
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING OF	(Home, farm, factory,	21c. (City or to	wn)	(County)		(State)	
CAUSE OF DEATH. INJURY	street, office bldg. etc.	21f. HOW DID	ALTUDA OGGIT	Calvert		Md	
21d. TIME (Month) (Day) (Year) (Houn) 2 to IN. OF INJURY July 31 1955 M. work	JURY OCCURRED le at Not while at work		Accident				
22. I hereby certify that I took charge of t	he remains describ	ed above, held a	n Autopsy 🗆	, Inspection	, Inc	quiry [	], and
find that death resulted from: Natural SIGNATURE Duck	causes [], Accid	CHIE	☐, Homicide F MEDICAL EXTY MEDICAL EXTANT MEDICAL	KAMINER EXAMINER		ed cau	
REMOVAL (Specify):	NAME OF CEMETER		LOCATION	(City, town, o	r county)	(8	State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNAT	TURE Fort Li	neal Puneral di	RECTOR	3	-	ADDR	ESS
REG. 8/1./rr 2/ 2/. 7/.		Robert A	Metting]	v Wash	ingto		

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DEVIEWE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 5

RAHIFICA	TE O	K I	DEATH

TO A COLOR OF PRIMERY		
I. PLACE OF DEATH: Cegile M. Nevin	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carrent MARYLAND	STATE NEW JOYK COUNTY	
CITY (If outside comporate limits write RURAL LENGTH OF STAY OR and give neglect town)	CITY (If outside corporate limits write RURAL and g	ive nearest town)
OR and give neglect town) (In this place)	TOWN Baldwin	(-3
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS	1 ADDRESS 820 De Mott Ave	./
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Clefte // /lev	m C/ DEATH 8/L	19 5
RACE WIDOWED, DIVORCED,	E OF BIRTII: 9. AGE last birthday: IF UNDER I YEA	
(Specify): Niclow Mil	4 15, 1915 40 yrs. Months Days	
work done during most of work life, INDUSTRY:		ITIZEN OF WHA
even if retired): Houseurfe Home	Men Jork wy	1.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Wraham Toldslein	Florence:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
service)	Ruslan Sons duc Brooklys	1. V
	AL CERTIFICATION	INTERVAL BETWEEN
i. diseases or conditions directly leading to death:		ONSET AND DEATH
Immediate cause (a)		•••••
Antecedent cause(s)		
Diseases or conditions, If any, (b)		
giving rise to the above cause DUE TO		
stating underlying cause last		
(C)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	t unest	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	tweek	
TO THE DEATH BUT NOT RELATED TO THE	t week	20. AUTOPSY?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS 12b. PLACE (How farm, Motory)	County)	20. AUTOPSY? Yes No (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	c, 210 (City of town) Counts)	Yes 🗌 No 🗀
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street office birty etc INJURY  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	214 HOW DID INJURY OCCUR?	Yes 🗌 No 🗀
TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street office biles etc CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Honr) 21e. INJURY OCCURRED OF INJURY 2 M. While at work S.	214 HOW DID INJURY OCCUR?	Yes No (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street office blar etc INJURY  21d. TIME (Month) (Day) (Year) (Honr) 21e. INJURY OCCURRED OF INJURY 2 M. While at work 1 a	214 HOW DID INJURY OCCUR?  bed aboye, held an Autopsy , Inspection , 1	Yes No (State) (State) (Inquiry , an
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street office bills etc. CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 5 4 5 6 6 6 6	bed above, held an Autopsy , Inspection , I	Yes No   No   (State)   Inquiry   , an ined cause
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street office blar etc INJURY  21d. TIME (Month) (Day) (Year) (Honr) 21e. INJURY OCCURRED OF INJURY 2 M. While at work 1 a	bed above, held an Autopsy   , Inspection   , I dent   , Suicide   , Homicide   , Undeterm  CHIEF MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	Yes No (State) (State) (Inquiry , an
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:  21a. EXTERNAL CAUSE WAS PRIMARY for CONTRIBUTING OF Street office biles etc.  CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hopr) 12e. INJURY OCCURRED While at Work 12e. INJURY 12e. IN	bed above, held an Autopsy , Inspection , Undeterm	Yes No   (State)   (State)   (Inquiry   , and tined cause   DAME SIGNED

- 53 70 A15A VS. PLEASE WRITE PLAIN age is especially

DATE REC'D

Supply every item of information write the causes of death clearly

UNFADING INK. Physicians: please

ARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg.	Dist.	No	
------	-------	----	--

1. PLACE OF DEATH. COUNTY X I TO A COUNTY X I	2. USUAL RESIDENCE (HOME) OF DECEASED-	Y
MARYLAND MARYLAND	1160 101	
CITY (If outside corporate limits, write RURAL and Corporate limits, write	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN MOTH DEach	STREET //(If rural give location)	7, 5 - 0
HOSPITAL OR INSTITUTION OR	ADDRESS DAD LIO / 710 / K	1/10/
U STREET ADDRESS	300 Myniera D	1/0,
3. NAME OF (Figst) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ///ary (e//	1981/19 DEATH 17494ST	12 1923
5. SEX   6. COLOR OF RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under Months	Year   If under 24 hrs.   Days   Hours   Min.
remale WIDOWED, DIVORCED (Specify) Single	gandy, 176 yrs.	
10a. USUAL OCCUPATION (Give kind of work   10b. Kind or Busy ass on	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
done during most of working life, even it retired) INDUSTRY	new Jula lily	Contract. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Dr. Hellard 11 Nevin	lecile M. Tolelsler	ni I
15. WAS DECRASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	11
(Yes, no, or unknown) (If yes, give war or dates of service)	Kaselan Son Inc - Brook	Ma. M.V.
18. MEDICAL CE	ERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
20.2		1011
Immediate cause (a) DROWN	1NQ -	Judden!
Antecedent cause(s) Disease or conditions, if any, (b)		
glving rise to the above cause	999 4994 1 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 1 1	
stating the underlying cause last		
(e)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		1 20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1
	CONTROL CONTROL CONTROL	Yes No
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bidg., etc.)	(CITY OR TOWN) (COUNT)	(STATE)
CAUSE OF DEATH. INJURY	y Asic	0.,
OF (Month) (Day) (Year) Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	d
INJURY ( i) ( m.   work   at work	Don't account Jurun	Durtura
and it will the true to be a solid and a solid above held an	Automore Inquestion of Inquiry [7] theread and	from the evidence
22. I certify that I took charge of the remains described above, held an obtained by said Augopsy, Inspection or Inquiry, find that said dec	reased died on the dry stated above, and death in my	oninion resulted
from: natural causes [3] accident [7], suicide [3], homicide [3]	undetermined .	opinion resures
SIGNATURE (Degree of title)	ADDRESS 0 0	DATE SIGNED
Cap t of M	(d. nelis kox	3/2/5
(Hupall)	Annefores les	12/33
2007/10/14 10	ERY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
Memoral lug 15,1955 Cleacia	conetery Brooklyn 1	· Y ·
COATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. BUNERAY DIRECTOR	ADDRESS
REG 15 1955 4 1955 Williams	And feverson 8/2000 nc.	
Contraction of the contraction o	1126W. north are shall	8) mol
place Mison B	many many many	, ,,,,

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK.—Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS.	

	7563 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	07561 Reg. Dist.
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No52
	1. PLACE OF DEATH:  COUNTY  MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE  COUNTY	
	OR and give neares own)  TOWN  CITY (If outside corporate limits write RURAL a (in this place)  CITY (If outside corporate limits write RURAL a OR TOWN)	d 1 1 2
	HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 Highland	ilud 1
	3. NAME OF (First) (Middle) (Last) 9 4. DATE (Month) (DECEASED: (Type or Print) Hilly R. (Month) (D. OF )  5. SEK: 6. COLOR OK 7. SINGLE, MARRIED, 8. DATE OF BIRTIF: 19. AGE 18. 67 biddy: IF UNDER	2 1955
	WIDOWED, DIVORCED, 3/26/13 3/26-3 Months	Days Hours Min.  2. CITIZEN OF WHAT
	work done during most of work life, even if retired): Tunknown	COUNTRY
	13. FATHER'S NAME:  Whenson  14. MOTHER'S MAIDEN NAME:	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY NO.: And Address: Addres	elyn. n.y
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  934X Immediate cause  (a) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	Antecedent cause(s)  Diseases or conditions, if any, (b)	
	stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
I	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No
	21a. EXTERNAL CAUSE WAS PRIMARY for CONTRIBUTING   21b. PLACE (Hope, farm, fectory, PRIMARY for CONTRIBUTING   OF INJURY CAUSE OF DEATH.  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED   21f. How DID NJURY OCCUR. While at Not while	(State)
200	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection find that death resulted from: Natural causes , Accident Suicide , Homicide , Undet	
200	SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	SATISTICS STATES
1	PRINCIPAL (Specify): Oug. 14 55 Cacia. CAMMATORY City, town, or CREMENTERY OF CREMENTE	1
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 10 10 10 10 10 10 10 10 10 10 10 10 10	ADDRESS A
	AUG 1330 Transport of the late	

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AUG 17 1955

#### MARYLAND STATE DEPARTMENT OF HEALTH

7564

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

_			
Rod	1 Mat	No	
ILCK.	LIBIO	ATTORNEY	

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give names town) (in this place)	CITY (If outside corporate limits, write RURAL and give	re nearest town)
	TOWN STOOK /Yn	9x-31
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (Illyral, give location) ADDRESS 308 419 h 7 nd	Aled.
3. NAME OF (First) / (Middle)	(Last) 7   4. DATE (Month)	(Day) (Year)
Type or Print) Hillard R.	Vevinside DEATH August	12 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORDED, (Specify) 7.9	8. DATE OF BIRTH 9. AGE last birthday If under Months	I year   If under 24 hrs.   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Burings on done during not of working life; wen if retired) INDUSTRY	II. BIRTHPLACE (Staty or foreign country)   II	Country OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME 1/	45.7
Hillard K. Nevin, Sr.	Lecile 14. Nevin	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, prunknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. ,	ONSET AND DEATH
Immediate cause (a) Litaurus	uc/	deller)
	*	Take up an an ad all all a reposed and a reposed
Antecedent cause(s) Diseases or conditions, if any, (b)	0	
giving rise to the above cause stating the underlying cause last	150 100 100 100 100 100 100 100 100 100	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION		1 00 ATUMORQUE
136. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No No No (STATE)
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	les, bay	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY 8 #2 55 Pm. While at work at work	Bont- weegk.	
22. I certify that I took charge of the remains described above, held an A	utangu Inspection Inquiry T thereon and	from the evidence
obtained by said Antonsy, Inspertion or Vaquiry, find that said dece	ased died on the dry stated above, and death in my	opinion resulted
from: natural causes   accident , suicide , hofricide , SIGNATURE	undetermined .	DATE SIGNED
SIG.VATURE (Depree of title)	ADDRESS!	ALE SIGNED
Mu hally MI	thustour ax	15158
23. BUBLAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specific)	RY OB REMAPORY LOCATION (City, powr), or coun	(9'4'y)
DATE REC'D BY LOCAL REGISPRAR'S SIGNATURE	44. FUNERAL DIRECTOR	ADDRESS IN
Quy 15, 1953   Clave M. Cosp 5	John M. Jayla tomo (Am	applie Hd.
7 /		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age VS. A15A

NIARGIN RESERVED FOR BINDING

DECELVED V. S. NO. 1955

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REGISTRAR'S SIGNATURE

23 BURIAL EREMATION REMOVAL (Specify)

## CERTIFICATE OF DEATH

1 2. USUAL RESIDENCE (HOME) OF DECEASED.

			. (	1
leg.	Dist.	No	 	

COCATION (City, town, or county)

done during most of working life, even if retired INDUSTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	(Year)  19 5 1  If under 24 hrs Hours Min.
CITY (If outside corporate limits, write RURAL and OR give nearest town).    CITY (If outside corporate limits, write RURAL and OR give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits, write RURAL and give nearest town).   CITY (If outside corporate limits. write RURAL and give nearest town).   CITY (If outside corporate limits. write RURAL and give nearest town).   CITY (If outside corporate limits. write RURAL and give nearest with the state of th	(Year)  19 5 1  If under 24 hrs Hours Min.
TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED (Type or Print)  6. COLOR OR RACE (Specify)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME  14. DATE (Month)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	If under 24 hrs. Hours Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED (First) (Middle) (Last) OF DECEASED (Type or Print) (Type or Print) (Specify) (Specify) (Specify) (Specify) (Specify) (Specify) (Specify) (Type or Print) (Type	If under 24 hrs Hours Min.
3. NAME OF DECEASED (First) (Middle) (Last) OF DECEASED (Type or Print) (Type or Print) (Type or Print) (Type or Print) (Specify) (Speci	If under 24 hrs Hours Min.
DECEASED (Type or Print)  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)  11. BIRTHPLACE (State or foreign country)  12. CITIZ COUNTR  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	If under 24 hre Hours   Min.
WIDOWED, DIVORCED, (Specify)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or 11. Birthplace (State or foreign country)  11. Birthplace (State or foreign country)  12. Citiz Country  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.  16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT AND ADDRESS	Hours Min.
108. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  109. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  109. Kind of Business or 11. BirThplace (State or foreign country)  12. Citiz Country  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Was Deceased Ever in U.S. Armed Forces? 16. Social Security No. 17. Informant And Address	
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of	
service)	owing
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
Conditions Contributing to the decad to the feet of the disease or condition causing death.	UTOPSY?
I GIE FOOT FOR CHIEF OF CONTROL CONTRO	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Yes	□ No □
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Yes	_

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 52	
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY MARYLAND STATE COPP COUNTY Mew /	aven	
CITY (If outside corporate limits, write BURAL OR and give seares town)  (in this place)  CITY (If outside corporate limits write RURAL and OR TOWN)  COR ANGE  4.5	give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS PICTURE ADDRESS PICTURE TO THE PICTURE TO THE ADDRESS PICTURE TO THE PICTURE TO THE PICTURE TO THE PICTURE TO THE PICT	D V	
3. NAME OF DECEASED: (Middle) Roberts 8 4. DATE (Month) (Day) OF DEATH RETURNED (Type or Print) REKTRAM.H. Roberts 8 12.	(Year) 1955	
5. SEX: 6. COLDR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Com . 24, 194 9. AGE last birthday: IF UNDER 1 YI Months Day	ys Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work life, even if retired): DOCTOR Physics OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?	
Norman Rosenbug 14. MOTHER'S MAIDEN NAME:		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:  (Yes, poor unle) (If Yes, give war or dates of service)  FRANCES VIRGINIA TOBERI	s- Same	
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN	
934X  Legen - Herrowkye - at n	ONSET AND DEATH	
Immediate cause (a) DUE TO		
Antecedent cause(s)  Diseases or conditions, if any,  (b)		
giving rise to the above cause DUE TO stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes No	
21a. EXTERNAL CAUSE WAS   21b. PLACE (Jone farm, factory,   21c. (City or newn) (County)	(State)	
21a. EXTERNAL CAUSE WAS PRIMARY Of or CONTRIBUTING OF trees office blds. htt. OF trees office blds. htt.  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. How DID INJURY OCCUR?	nep	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. How DID INJURY OCCUR? While at Not while 1 Not work at work 1		
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [],		
find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause [].  SIGNATURE CHIEF MEDICAL EXAMINER [] PARE SIGNED		
M. D. DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	8/12/55	
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City town, or con Burial Secret for	(State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  124. FUNERAL DIRECTOR  REG. Lewis Inc - 2100 Euro	ADDRESS Place	
MUU 10 1333 F. Oh. P. C.		

BUREAU V. S.

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DECENTED

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7567 CERTIFICATE OF DEATH Reg. Dist. No. ~ 1. PLACE OF DEATH 2. USUAL RESIDENCE, (HOME) OF DECEASED: COUNTY MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and and give pearest town (in this place) OR TOWN TOWN rence en co HOSPITAL OR STREET (If rural give location) clearly INSTITUTION OR **ADDRESS** STREET ADDRESS First (Middle) (Last) 4. DATE (Month) 3. NAME OF death DECEASED (Type or Print) DEATH: 5. SEX: COLOR OR |7. 9. AGE last birthday IF UNDER SINGLE, MARRIED DATE OF BIRTH: WIDOWED DIVORCED RACE: Months (Specify) causes IOA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS II. BIRTHP (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life. OR INDUSTRY: even if retired): 13. FATHER'S NAME MOTHER'S MAIDEN NAME: write 16. SOCIAL SECURITY NO. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unk.) (If Yes, give war or dates se of service) 18. MEDICAL CERTIFICATION d DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH sicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, (B) Phys GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH MAJOR FINDINGS OF especially OF INJURY steet office bldg., etc. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21c. WHERE OF (City or town) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work who 02 , 19..., to ...., 19 ...., that I last saw the deceased 22. I hereby certify that I attended the deceased from ಥ and that death occurred at M. from the causes and on the date stated above. alive on rect SIGNATURE LOCATION (City, town, or county) 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECT

(Day)

Days

(Year)

19

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYZ

(State)

(State)

(County)

DATE SIGNED

ADDRESS

Hours

**COUNTRY?** 

REGISTRAR

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## MADVIAND CHATE DEDADTMENT OF HEALTH DALTMODE

MARILAN	D STATE DELY	TO COMMENT	IIEALIII—	DALIIMUKE,		neg. Dist.
MEDICAL	EXAMINE	K'S CEI	RTIFICA	TE OF	DEATH	No
I. PLACE OF DEATH:	1		2. USUAL RES	SIDENCE (HOME)	OF DECEASED:	
COUNTY W	rest	MARYLAND	STATE /		INTY	
CITY (If outside conperate OR and give near st) ton	imits, write RURAL	LENGTH OF STA (in this piace)	CITY (If o	utside corporate limi	ts write RURAL ar	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		011	STREET ADDRESS	Centra	I Park	Mest
DECEASED:	LIVIS H. So	be/	(Last)	4. DATE OF DEATH	(Month) (Ds	(Year) 1959
5. SEX: 6. COLOR RAGE:	WIDOWED, (Specify):	DIVORCED,	re of Birth:	52	yrs. Months I	YEAR   IF UNDER 24 HRS. Days   Hours   Min.
10a. USUAL OCCUPATION work done during most even if retired):	of work life al I	NOUSTRY:	OR 11. BIRTHE	PLACE (State or fo	oreign country):   I	country?
13. FATHER'S NAME:	Solel	7	14. MOTHER'S	MAIDEN NAME:		
15. WAS DECEASED EVER IN U (Yes, no, or unk.) (If Yes, gives service)		SOCIAL SECURITY No.:	Dr. Dans	& ADDRESS:	Lel 98 14	Will Dr.
			CAL CERTIFICAT	ION		INTERVAL BETWEEN
I. DISEASES OR CONDITIO	(a)DUE TO	NOUN				ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if giving rise to the above stating underlying caus-	cause DUE TO					
II. OTHER SIGNIFICANT C TO THE DEATH BUT DISEASE OR CONDITIO	ONDITIONS CONTRIBUTION RELATED TO		f une	d		
19a. DATE OF OPERATION		П				20. AUTOPSY? Yes \( \subseteq \text{No.} \( \subseteq \)
PRIMARY OF CONTRIBUTION OF CAUSE OF CEATH.		street, office box, ef		Sales L	(Courty) Labor	(State)
2Id. TIME (Month) (Day) OF INJURY	(rear) (modi) 21e. II	NJURY OCCURRED alle at Not while at work	211. How	DID IN URY OCCU	reck	
22. I hereby certify that				ld an Autopsy	7. Inspection	, Inquiry   and
find that death resu			ident Suid		ide [], Undete	
23. BORIAL, CREMATION, REMOVAL (Specify)	Aug 15/55	NAME OF CEMET	RY OR CREMAT	ORY LOCATION	N (City, town, of	county) (State)
DATE REC'D BY LOCAL ALL COLUMN AL	RECESTRATES SIGN	ATURE (18	24. FUNERA	mon offe	ordne li	Rallo mel
	blee !	11 lox	1124-8	26 M. nor	th ave	

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH age is especially important.

UNFADING INK Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

RGIN RESERVED FOR BINDING

BUREAU V. S.

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BECEINE

MEDICAL EXAMINER'S CER	CTIFICATE OF DEATH No. 5
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Colored MARYLAND	STATE N.V. COUNTY
OR and give yearest (pvh) TOWN  LENGTH OF STAY (in this piace)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN New York Way 69x-3
HOSPITAL, OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS (Lentral Park Mest)
3. NAME OF DECEASED: (Type or Print)  (Middle)  3. Sob	e / 3   4. DATE (Month) (Day) (Year) OF DEATH   1955
5. SEX:  6. COLOR OF T. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MUNICAL PROPERTY OF THE PROPERTY OF T	E OF BIRTH:  9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION Cive kind of 10b. KIND OF BUSINESS Converse work done during most to the life, even if retired):	COUNTRY?
13. FATHER'S NAME: John - Unknown	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	David E. Solel 98 Reverside Da
. 18. MEDIC	CAL CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a)  DUE TO  Antecedent cause(s)	ONSET AND DRATH
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	tweek
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 🗆 No 🗀
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF OF Street office bells, etc CAUSE OF DEATH.	" I Pearl Calint Med
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work at work	1212. HOW DID INJURY OCCUR?
find that death resulted from: Natural causes [], Acci	ibed above, held an Autopsy , Inspection , Inquiry , and ident . Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
REMOVAL (Specify) aug 13/55	RY OR CREMATORY LOGATION (City, town, or county) (State)
DATE REC'D BY LOCAL RECETTAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR BLVS Chic. ADDRESS
Else Mice B	1124-26 W. north are Bally, Mid.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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MARGIN RESERVED FOR BINDING	ITE PLAINLY, WITH UNFADING INK. Supply every item of inform	pecially important. Physicians: please write the causes of death clearl
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IAR	W,	ant.
	AINLY	import
	PL	ally
	ITE	pecis

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and

COUNTY Cal CITY(If outside corporate limits, write RURAL and give nearest town) (If rural give location) 4. DATE (Month) (Day) (Year) 19 5 DEATH 5. SEX: 9. AGE last birthday IF UNDER I YEAR Months Hours OA. USUAL OCCUPATION (Give kind of: 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 112. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME (Yes, no. or unk.) (If Yes, give war or dates 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 NO 218. PLACE (Home, farm, factory. 21A. ACCIDENT WAS UNDERLYING 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work L at work age 22. I hereby certify that I attended the deceased from , 19 , that I last saw the deceased , to Q. ... and that death occurred at anye on / ... M, from the causes and on the date stated above. correct SIGNATURE-ADDRESS DATE SIGNED 23 BURIAL) CREMATION. LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) DATE REC'D BY LOCAL

Reg. Dist. No.

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BUREAU V. S.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. 7569

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 5-2
1. PLACE OF CEATH:  COUNTY  MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNT (If offside corporate limits, write RUFAL LENGTH OF STAY OR and five nearest towns of the limits, write RUFAL (in this place)	CITY (If outside corporate limits white RUBAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS IVEL & Hospital	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED: (First) (Middle) (Type or Print) Maurice Chancy	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (S) 195
5. SEX:  6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWSD, DIVORCED, (Specify):	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR   IF UNDER 24 HRS.  3. 1900 Styre. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired).	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
THE DESIGNATION OF THE PROPERTY OF THE PROPERT	17. INFORMANT & ADDRESS: Mrs Wellie Turner, Owing May
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO FEATH:	INTERVAL BETWEEN
Immediate cause  (a) Slovele	I Week 3 Eday
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	tree
stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	/
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	. pee
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No
21a. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF Street flee bldg etc., CAUSE OF DEATH.	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work	Lell from the
22. I hereby certify that I took charge of the remains describ	ed above, held an Autopsy   , Inspection   , Inquiry   , and lent   Suicide   , Homicide   , Undetermined cause   .
SIGNATURE MAN CONTRACTOR	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 8/3//55 Mt Har	Y OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

M

SUREAU Y. E.

40G 25 1955 E

BECEINED